



UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE
 United States Patent and Trademark Office
 Address: COMMISSIONER FOR PATENTS
 P.O. Box 1450
 Alexandria, Virginia 22313-1450
 www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 9574

| | | | | |
|-----------------------------|---------------------------------------|--------------|------------------------|---------------------------------------|
| SERIAL NUMBER 10/749,418 | FILING DATE 12/31/2003 RULE | CLASS 430 | GROUP ART UNIT 1756 | ATTORNEY DOCKET NO. 3216.51US01 |
|-----------------------------|---------------------------------------|--------------|------------------------|---------------------------------------|

APPLICANTS

Zbigniew Tokarsi, Woodbury, MN;
 Nusrallah Jubran, St. Paul, MN;
 Vytautas Getautis, Kaunas, LITHUANIA; Ingrida Paulauskaite, Kaunas, LITHUANIA;
 Vygintas Jankauskas, Vilnius, LITHUANIA;
 Jonas Sidaravicius, Vilnius, LITHUANIA;

** CONTINUING DATA *****
None

** FOREIGN APPLICATIONS *****
None

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
 ** 05/01/2004

| | | | | | |
|---|---|---------------------------|------------------------|-----------------------|----------------------------|
| Foreign Priority claimed 35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>[Signature]</i> | STATE OR COUNTRY MN | SHEETS DRAWING 0 | TOTAL CLAIMS 30 | INDEPENDENT CLAIMS 4 |
|---|---|---------------------------|------------------------|-----------------------|----------------------------|

Verified and Acknowledged
 Examiner's Signature Initials

ADDRESS
 24113
 PATTERSON, THUENTE, SKAAR & CHRISTENSEN, P.A.
 4800 IDS CENTER
 80 SOUTH 8TH STREET
 MINNEAPOLIS , MN
 55402-2100

TITLE
 Organophotoreceptor with a charge transport material having at least three linked hydrazone groups

| | | |
|------------|---|---|
| FILING FEE | FEES: Authority has been given in Paper | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of |
|------------|---|---|

| | | | |
|------------------|-----------|----------------------------------|--|
| RECEIVED 1036 | No. _____ | to charge/credit DEPOSIT ACCOUNT | (time) |
| | No. _____ | for following: | <input type="checkbox"/> 1.18 Fees (Issue) |
| | | | <input type="checkbox"/> Other _____ |
| | | | <input type="checkbox"/> Credit _____ |